## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

20031122-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY										
TOTAL CLAIMS			FC!			RA <sup>-</sup>	ΓE	FEE	]	RATE	FEE									
FOR			NUMBER FILED NUME		BER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00									
TOTAL CHARGEABLE CLAIMS			##Emir	nus 20= * /	54	X\$	9=		OR	X\$18=										
INDEPENDENT CLAIMS			% minus 3 = * 5			X4:	3=		OR	X86=										
MULTIPLE DEPENDENT CLAIM P			RESENT			+14	5=		OR	+290=										
* If the difference in column 1 is			less than zero, enter "0" in column 2			ТОТ	AL		OR	TOTAL	2172									
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMA	LL E	NTITY	OR	OTHER SMALL I										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	7	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**	=	X\$ 9	9=		OR	X\$18=										
	Independent	* .	Minus	***	=	X43	=		OR	X86=										
Ľ	FIRST PRÉSENTATION OF MULTIPLE DEPENDENT CLAIM					+145	5=		OR	+290=										
1 13 28 38 45 52 60 76						TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE										
(Column 1) (Column 2) (Column 3)																				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	**	=	X\$ 9	)=		OR	X\$18=										
AME	Independent	* NTATION OF MU	Minus	ENDENT CLAIM	=	X43	= .		OR	X86=										
	PIRST PRESE	NIATION OF MC	LIPLE DEF	ENDENT CLAN		+145	i=		OR	+290=										
						TO ADDIT. 1	TAĻ EE	:	OR	TOTAL ADDIT. FEE										
		(Column 1)	· · · · · · · · · · · · · · · · · · ·	(Column 2)	(Column 3)	1														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	*	Minus	** 4	=	X\$ 9	=		OR	X\$18=										
	Independent	*	Minus	***	<u> -</u>	X43	=		OR	X86=										
	FIRST PRESE	NTATION OF ML	JUIPLE DEP	ENDENT CLAIM		+145	<u> </u>		OR	+290=										
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								OR ,	TOTAL ADDIT. FEE										
•	The "Highest Num	ber Previously Paid	d For" (Total or	Independent) is th	e highest number	r found in th	e appr	opriate box	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											